

**UNITED STATES HOUSE OF REPRESENTATIVES****FINANCIAL DISCLOSURE STATEMENT****FORM B**

For New Members, Candidates, and New Employees

**POLITICAL MEMBERSHIP**

LEGISLATIVE RESOURCE CENTER

18 AUG 23 PM 1:31

<b>Name:</b> <u>Guilherme Menezes</u>		<b>Daytime Telephone:</b> _____
<b>FILER STATUS</b>	New Member of or Candidate for U.S. House of Representatives	State: <u>MD</u> District: <u>2</u>
	Candidates – Date of Election: _____	<input type="checkbox"/> Check if Amendment
	New Officer or Employee Employing Office: _____	Staff Filer Type (if Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
		Period Covered: January 1, _____ to _____

*(Signature)*  
 U.S. House of Representatives  
 (Office Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

**PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS**

- |   |   |   |
|---|---|---|
| A. Did you, your spouse, or your dependent child:<br>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                       |
| b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?  |   | F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?                                    | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |

**ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"****THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE****EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS**

**TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

**EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes  No

Yes  No

# SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: John M. Mallon

Page 1 of 1

BLOCK A												BLOCK B												BLOCK C												BLOCK D																							
<b>Assets and/or Income Sources</b>												<b>Value of Asset</b>												<b>Type of Income</b>												<b>Amount of Income</b>																							
Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income generated more than \$200 in “unearned” income during the year.												Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.												Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the “Tax-Deferred” column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check “None” if no income was earned or generated.												For assets for which you checked “Tax-Deferred” in Block C, you may check the “None” column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check “None” if no income was earned or generated.																							
Provide complete names of stocks and mutual funds (do not use only ticker symbols).												“Column M is for assets held by your spouse or dependent child in which you have no interest.”												“Column XII is for assets held by your spouse or dependent child in which you have no interest.”												“Column XI is for assets held by your spouse or dependent child in which you have no interest.”																							
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.												For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.												For rental and other real property held for investment, provide a complete address or description, e.g., “rental property,” and a city and state.												Check “None” if the asset generated no income during the reporting period.																							
A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII																									
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.												For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.												For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.												For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.																							
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.												Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.												Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.												Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.																							
If you report a privately-held fund that is an Expected Investment Fund, please check the EIF box.												None												None												None																							
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly with anyone (JT).												\$1-\$1,000												DIVIDENDS												\$1-\$200																							
In the optional column on the far left, For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.												\$1,001-\$15,000												RENT												\$201-\$1,000																							
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## **SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name: Claire M. man

Page \_\_\_\_\_ of \_\_\_\_\_

BLOCK A		Assets and/or Income Sources												
		Value of Asset												
		Type of Income												
		Amount of Income												
SP. DC. JT.	ASSET NAME	EIF	BLOCK B											
			A	B	C	D	E	F	G	H	I	J	K	L
			None											
			\$1-\$1,000											
			\$1,001-\$15,000											
			\$15,001-\$50,000											
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			\$25,000,001-\$50,000,000											
			Over \$50,000,000											
			Spouse/DC Asset over \$1,000,000*											
			NONE											
			DIVIDENDS											
			RENT											
			INTEREST											
			CAPITAL GAINS											
			EXCEPTED/BLIND TRUST											
			TAX-DEFERRED											
			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)											
			BLOCK C											
			Current Year											
			I	II	III	IV	V	VI	VII	VIII	X	XI	XII	
			Preceding Year											
			I	II	III	IV	V	VI	VII	VIII	X	XI	XII	
			BLOCK D											
			Amount of Income											

**Use additional sheets if more space is required.**

**SCHEDULE C - EARNED INCOME**

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer

**EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

**INCOME LIMITS and PROHIBITED INCOME:** Be advised that the income limit and prohibited income may apply to you after you are on house payment. The 2017 limit is \$28,050. Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Name: Gulliver Mimoan Page    of

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$76,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A

Use a utility like `git log` to see what has changed.

## SCHEDULE D – LIABILITIES

Name:	<i>Bradley Mr. Meow</i>	Page _____ of _____
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Report liabilities of over \$10,000 owed to any one creditor *at any time* during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability											
				A	B	C	D	E	F	G	H	I	J	K	
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE												
				\$10,001-\$15,000											
					\$15,001-\$50,000										
						\$50,001-\$100,000									
							\$100,001-\$250,000								
								\$250,001-\$500,000							
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											\$5,000,001-\$25,000,000				
												\$25,000,001-\$50,000,000			
													Over \$50,000,000		
														Over \$1,000,000* (Spouse/DC Liability)	

## SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
<i>President</i>	<i>First Sneeze, Inc</i>
<i>Board Member</i>	<i>Non-Sensory Neurologistive Research Foundation</i>
<i>First Sneeze, Inc</i>	

## SCHEDULE F – AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Name: Amber Minivan Page 1 of 1

**SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

**Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule C.****

Source (Name and City/State)		Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate 	Accounting Services

*Use additional sheets if more space is required.*

**FILER NOTES  
(Optional)**

Name: Caroline Mirella

Page \_\_\_\_\_ of \_\_\_\_\_

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*Use additional sheets if more space is required.*